

nurses are fitted to give is especially important to those parts of the community that are lacking in resources. You are needed as educators of the families and the people with whom you come into contact, and as helpers by the army of social workers, who often look to the nurse for clear and definite directions, as having opportunities of knowledge that no one else has.

If it does not seem presumptuous of me to suggest it, I would say to the training-schools that, along with the technical training theirs is the obligation of teaching the pupil, "You also are a part of this great Commonwealth, to assist in preserving the principles laid down by the founders of the Republic, and when your duty takes you into the homes of the poor you must not only give your services with a feeling heart, but must employ your intellect as well, to see where abuses may be corrected and the cause of evil be abolished."

In this connection, as we are meeting here in the capital, it is interesting to recall that the President in his message has asked Congress to inquire into and take action on the sanitary conditions and housing problem of the District of Columbia, and I feel it would be proper for this meeting to pass some resolution approving his practical and much needed suggestion, if not out of order to take such action now. We will then proceed with the programme, and I promise you to remember that a very successful presiding officer has said that the ideal chairman is the one who does not steal all the material of the speakers. I will try to imitate the model chairman as he described him, who, at a certain performance, rose and said: "Gentlemen, Herr Schmitt is the best 'cello player in the world; I have introduced him and he will play."

MISS NUTTING.—I move in response to Miss Wald's suggestion concerning President Roosevelt's message that the president of the Associated Alumnae be authorized to appoint a committee to take the proper steps in reference to the suggestion.

Motion seconded by Miss Palmer and carried.

MISS WALD.—The first paper to-day is the paper on "Visiting Nurses and the Prevention of Tuberculosis," by Miss Thelin. I will remember my promise not to say very much, although I should like to. Miss Thelin is a member of the General Council of the Maryland State Board Committee on Tuberculosis. She and Miss Nutting represent the nursing profession, having been complimented by election to that office. Miss Thelin will give you a general outline of the work that has been done on tuberculosis. To fix your attention in a slight manner upon the tremendous effect of education along those lines I should like to quote one figure—that in the last fifteen years in New York City, during which time there has been a great deal of money and time and effort devoted to the education on the prevention of tuberculosis, the mortality has been reduced forty per cent. I take pleasure in introducing Miss Thelin, a graduate of the Johns Hopkins Training-School.

VISITING NURSES AND THE PREVENTION OF TUBERCULOSIS

By MISS REIBA THELIN

"The open-air treatment for pulmonary consumption, or phthisis, is by no means so new as we moderns imagine. Dr. Osler, in an address made in 1900, quotes from John Locke, the philosopher, telling of a case

of incipient phthisis in which, as he says, 'The morbid matter was violently translated into his (the patient's) lungs.' The physician ordered him to ride horseback '6 or 7 miles the first day, and to increase daily his journey, as he shd be able, untill he had rid 150 miles.' The patient improved wonderfully under this treatment. But this physician of two hundred years ago had recourse to such a cure 'when all things else had failed him,' and it is only recently that the belief has become general that fresh air is *the cure*, first and foremost.

"That the idea has not yet permeated the masses the innumerable quack 'cures' that are still so sadly prevalent bear abundant testimony. To make this belief general, to let in light in the dark places, figuratively and literally, is the object of the present world-wide movement for the relief and control of tuberculosis.

"The discovery of the tubercle bacillus by Koch about twenty years ago (1882) having demonstrated the fact that consumption is 'communicable' was logically followed by the conclusion, therefore 'preventable' with proper precautions, but it was some time before the cautious would admit the third statement, 'Consumption is curable.' However, the mass of evidence now accumulating gives us hope for the future.

"Dr. Knopf, in the *Medical Record* for July, 1904, gives a brief history of tuberculosis dispensaries, which I quote here:

"The French were the first to inaugurate their Dispensaire Anti Tuberculeux, in Lille, Professor Calmette being its founder, about 1888. Next came the Germans with their 'Poly klinik fur Lungenkranke.'

"Throughout Europe and in some of the South American Republics there exist now numerous tuberculosis dispensaries devoted exclusively to the treatment of consumption. After speaking of a dispensary in Cuba inaugurated by the sanitary officers of the United States Army, Dr. Knopf goes on to say: 'The first dispensary class in the United States devoted exclusively to the treatment of tuberculosis was inaugurated some nine years ago by Dr. Ed. J. Birmingham, of New York, at the New York Throat and Nose Hospital.' Dr. Knopf then tells of the beginning of the clinic for pulmonary diseases of the Health Department, of which he is an associate director.

"New York, starting out in advance of other cities in this work, has so far kept that position. Pennsylvania can claim the honor of the first 'Society for the Prevention of Tuberculosis' in 1892, but the active warfare waged by the Health Board in New York is surpassed (Medical Officer and Director of Bacteriological Department) or even equalled in no other city. Dr. Biggs, Medical Officer, etc., one of the most active of the Health Commissioners, says that in the first year after the passage of their laws requiring the report of every tubercular case, forty-five cases

were reported. In the second year seven thousand cases, and in 1904 nineteen thousand cases, of which he thinks there were four or five thousand duplicates. He claims, however, that now ninety per cent. of tubercular cases in New York are reported. Does this mean that he is gathering statistics regarding the disease? It means that in every case the patient has been traced out, instructed, removed, or cared for in such a way as to make him more comfortable and render him less dangerous to himself and the community.

"New York, as I said, takes the lead; but other cities are not far behind, and new societies are being formed and new clinics opened every month. It is interesting to note that the matter has become not only a subject for doctors and dispensaries, but a social, a municipal, a national affair. In this month the National Association, which, like the municipal societies for prevention and control, is composed more largely of laymen than of the profession, is to meet here in Washington.

"It is easy to understand this when one considers the economic loss from a disease which attacks men and women at the age when they should be of most value to the community, renders them burdens for so many years, and at the same time a menace to the health of those around them unless properly cared for. In all this stir, what is the nurse doing?

"Information regarding dispensaries and societies is comparatively easy to obtain, but when one begins to inquire as to the visiting nurse in this work, one finds scanty records.

"Miss Brandt, statistician of the New York Society for Relief and Control, wrote, 'The recognition that nurses are a most valuable part of the work of prevention is so recent, comparatively, that I imagine very little has been written about it.' Yet I venture to say that before societies were formed or clinics opened, wherever a district nursing organization existed, *there* was a centre for 'prevention and control,' working quietly and faithfully, with no thought of public recognition. Without a doubt, nurses had already done much to reduce the spread of the dreaded disease in large cities by their lessons of fresh air and cleanliness, taught in every household where they gained an entrance. Twelve years ago, before cases were first registered in New York by the Board of Health, Miss Wald and Miss Brewster at the settlement in Henry Street daily obtained the names of patients who applied to the Chronic Hospital and voluntarily went to the patients' houses to instruct them.

"The district nurses in Baltimore had been supplying sputum-cups and giving instructions long before the special work was undertaken there, and so in all cities.

"Within the past eighteen months recognition has come, and we

find organized bodies of public-spirited citizens appointing nurses on their Councils, doctors asking for the results of their observations, and all alike turning to the one who has an entrance to the home, who is welcomed as a savior, and listened to as an oracle.

"Nurses are now asked to bring all their trained powers of observation to bear upon this one subject—think out cause and effect in environment, antecedents, habits, associates—and give humanity the benefit.

"It is easy to see that the nurse, if she will but accept the call, is the most valuable helper in the battle; first, because she already has the confidence of the patients; secondly, because her training has taught her to observe; thirdly, because she not only abominates the speck of dust, but *knows why* she abominates it.

"The importance of this question has led to a specializing of the work of the district nurse, so that she may give all her time and thought to this most to be dreaded scourge. Many cities—New York, Boston, Chicago, Baltimore, Minneapolis, Cleveland, Saginaw—have nurses who devote their entire time to this, and others are coming forward.

"In New York the doctors of the Health Department prefer to have their nurses inspect and record, but do no actual nursing, so that those specially employed by the clinics are in reality 'nurse inspectors.' The doctors have recognized their value, and are quick to seize upon its advantages to them. In Manhattan there were last year fourteen nurse inspectors employed by the Board of Health, the Vanderbilt's, Bellevue's, and Gouverneur's clinics, besides those of special clinics at the Presbyterian and New York Hospitals, who also do nursing as well as inspection.

"Let us consider the duties of the nurse inspector. Each has a district and visits her new cases as soon as possible after they are reported, within three days at most. She has a long list of questions to ask, and many things to observe as to general sanitary conditions, occupation, habits, stage of disease, and finally must decide whether or not the patient is to be kept under observation. If possible, she tries to induce him to go to a sanitarium or hospital, for New York has now five hospitals which will receive such patients,—Bellevue, St. Joseph's, Seton, Riverside, Lincoln, St. Luke's,—besides its sanitarium at Raybrook, also Bedford, for incipient cases, and the Montefiore Home for Incurables. If he will not be persuaded, and is an ambulatory case, and is not being visited by any other nurse, she repeats her visit two or three times a month to see that her instructions are being carried out. The patients are very grateful, do not object to giving information, as a rule, and very pleasant relations are maintained. She is able to obtain milk for him through the Diet Kitchen, which receives some remuneration from the city for its coöperation. She advises as to diet, as to the

best methods of carrying out the fresh-air treatment, and continues her visits so long as the patient continues to be an ambulatory case.

"Should he become bed-ridden, or when he requires the services of a nurse, he is referred to the district nurse in the settlement or some other nursing association. These nurses visit him once or twice a week, or every day if necessary. They not only advise the bath, but give it themselves; they show the family how to give the cooling alcohol sponge, to prepare the monotonous diet, milk and eggs, in various ways to tempt the appetite, while watching that the same care is observed in disinfection, isolation, and fresh air. In performing these services there are unsurpassed opportunities for observation of the true state of affairs, and many valuable points are elicited without the formal list of questions. In the case of a tuberculosis nurse doing both inspection and nursing the majority of her patients will be ambulatory cases, but even for them the preparation of an egg-nog or albumen, a demulcent drink, the alcohol sponge, and when there is an afternoon rise of temperature—in many little ways one may render service.

"The offices of inspection and nurse are combined in most cities, especially in those where the movement originated with the nurses themselves, and where the doctors have appealed to visiting nurse organizations which already existed. I think I am right in saying that Boston belongs to the latter class, while in Chicago, Minneapolis, and Cleveland the visiting nurses were the originators of the movement. In Baltimore the first special nurse was employed by the Johns Hopkins Clinic at the instigation of the superintendent of the Training-School, and the second nurse was obtained through the efforts of Mrs. Osler for the Visiting Nurse Association.

"As I have said, the specializing of the work of nurses has taken place within the past year and a half at most.

"At the Tuberculosis Exposition held in Baltimore in January, 1904, several visiting nursing organizations sent accounts of the work they were doing in a general way, but I think Miss Damer in New York, Miss Jammé in Minneapolis, and myself in Baltimore were at that time the only special nurses for tuberculosis. Those of us who read *Charities* can keep abreast of the tide, as that magazine publishes an account of each new undertaking, and our NURSING JOURNAL, of course, keeps us informed of nurses who take up such work.

"There is a call for nurses all over the land, from private cases who look to gain health again by the forced feeding and fresh-air treatment, from new sanatoria, and for visiting nurses especially, for, as Dr. Osler has said, ninety per cent. of these cases must be treated in their homes. A nurse who undertakes this work in the right spirit will find

that it calls upon every resource which she possesses. She may think it an easy task to visit people and tell them about cleanliness and fresh air and disinfection, but when she finds how different is each case,—though all bearing the same dread mark,—how it brings her in touch with broad social questions, how much courage and faith and real knowledge she needs in order to impart it to others, she will feel that no amount of preparation can be too much.

“Especially should I recommend three months at least of general visiting nursing, so that she may enter the patients’ homes prepared to use what she finds there to the best advantage.

“Many nurses are deterred from entering this field by their fear of contracting the disease themselves.

“Dr. Knopf’s advice to medical men who are *predisposed* to tuberculosis is that they should not undertake it unless ‘they can live in a health resort, can take life relatively easy, and be able to take just as much care of themselves as they would of the patient they are most interested in.’ The same would apply to nurses, of course, but to the average nurse in good condition there is no more danger than in any other infectious disease. She knows the rules for prevention—all she need do is obey them herself as carefully as she expects her patients to do. For it is the preventive work in this field that really counts.

“I remember the encouraging words of a well-known doctor at the Johns Hopkins. I was feeling down-hearted at the deaths of my most faithful patients, at the falling from grace of those whom I had deemed most faithful, and was ready to think all effort futile. He said, ‘You don’t see it now, but what *you* are doing is of far more importance than what *I* am doing. I am trying to patch up a few cases for the present—*you* are working for future generations.’

“Dr. Biggs says that preventive work in New York has already decreased the mortality forty per cent. in fifteen years. At that rate in fifty years we shall have no more deaths from consumption.

“In closing I cannot do better than quote these words, which I found in a little magazine called *Co-operation*:

“‘To ward off the calamity of disease and to prevent the spread of a pestilence, is to increase the sum of human happiness and to elevate the race.’”

MISS WALD.—I must apologize to Miss Thelin for having given the figure of forty per cent.; I was afraid it had escaped her. The question is now open for discussion, and it is hoped that the nurses who have had experience in the various communities will give us the value of their experience by telling of the features that have been developed. Each place has perhaps had some special features that have been tried and found effective,—the circumstances of housing and the general conditions,—they all make very interesting reading.

MISS DAMER.—Down in old Bellevue in New York we have been experimenting in a great many ways for a number of years and undertaking a great deal of work for the care of the sick. In our out-patient department the doctor in charge agreed to have a little extension of that out-patient work which they had not done before and to provide a special clinic for tuberculosis. The patients before that had been going into the general medical clinics, but we established a special one, and in addition to having the clinic we were to have a nurse or nurses, according to the needs, who would visit the patients in their homes. Now Bellevue is our large charity hospital, and we have our patients coming from among the very poor; we are pretty well equipped, but we have not the fine buildings nor the enormous rooms that are provided in some clinics, and it does not attract the better class of patients, so that our work lies entirely among the poor. We have the people of the artisan and mechanic class who have had to give up their work and who have sunk to small paying positions if they work at all, and we have patients who have worked as long as they have really been able; we get very few patients in the early stages of tuberculosis; occasionally a young man or young woman comes to us, but the most of them are in the advanced stages, men who have been working on until they could not work any longer. The nurse is, as Miss Thelin says, more of an inspector than a nurse, as we only visit the patients who are able to come to the dispensary regularly, and we go, as she says, into the homes and make an inspection and a report of the social condition of the family, the sanitary condition of the home, and then over with them the treatment to be followed, and they do everything that they can do themselves to coöperate with the physicians and the nurse in securing a cure if possible. In New York City we have very much to contend with on account of the construction of the buildings there, and as our poor people, of course, live in those high, close tenements, where many of the rooms are really without any ventilation, you might say, and most of our patients live in little, three-roomed apartments. There is one light room, one that is half light, and one that is entirely dark; the entrance is usually in the middle room, which sometimes has a window opening on an air-shaft, and it is very pathetic to hear them say, "Yes, this is an airy room." And really all the ventilation they have is that one window opening into the common hall of a tenement house, which is always at least six stories high, and the district nurses always say that the patients are found on the top floor. We found, however, that that is good for our tuberculosis patients; we would rather have them up there, as they have more opportunity for light and air.

The legislation of recent years which has resulted in the splendid law we have now with regard to the construction of the new tenements, which must have every window opening on a court of a certain size and every room well ventilated, does not help our tuberculosis patients very much because the rents in those houses are so high and they are not able to pay them. They are, therefore, being driven into the less desirable tenements. We try to remedy that, of course, when the relief societies are willing to help us, and they do help us a great deal, although the funds at our disposal as yet are very insufficient, and they are not able to do all they desire to do in moving our patients to better rooms. It is a very small percentage of them that you can get to go away, and naturally we have to treat them in their homes. It is almost impossible in the winter time to get the patients into a hospital. The new sanitarium at Raybrooke has accommodations for over one hundred patients, but they must be in the very incipient

stages. The latest orders received were that the patients' teeth must be in perfect condition. Our people are not, as a rule, very attentive to the dentist, and all we can do is to send them to the dental infirmary, where they often have to wait for about three months before they can go to a sanitarium, so that their disease is progressing all the time. It is only two months ago that we got our first patient admitted to the State Sanitarium. There has also been a law passed last year prohibiting the erection of hospitals and sanatoria in the Adirondacks unless with the consent of the property holders, and this also has militated against the increase of opportunities of placing our patients where they could be helped. The hospitals are limited in New York City; many of them will not receive tuberculosis patients—the majority of them, in fact. To the infirmary on the Island we can send about four hundred. That building is crowded in the winter with men who drift to the city who in the summer take care of themselves; in the winter they drift back and are usually sent to the Infirmary. They are so crowded there that in the middle of the winter they are sleeping on the floors and on blankets, and naturally our patients in their homes, if they have any kind of a bed at all, do not care to go to the Infirmary.

With regard to the window. It is a problem how we are going to give a patient air. The doctors always say that patients must have a room to themselves, with a window opening to the outer air, one window at least, and when you go into a house where there is a family of ten, perhaps, living in one room, they think themselves that it is hard on the rest of the family to give up that one room, but they are always willing to do what they can for their afflicted one, and it is wonderful what they do sacrifice for the sake of the father or the brother or the mother. And the poor mothers do have the hardest times when they are the ones that are sick. They will not go away, and they cannot leave their families. Sometimes we will get people to help these sick women with their washing, so that the mother will not have to do it. In spite of all, the women when they are sick get along better than the men do; they are willing to follow out instructions longer, perhaps; they are perhaps in better physical condition when they come to us, and we have very many hopeful cases among them. We have persuaded some of them to sleep on their fire-escapes; we have fixed up steamer chairs and blankets and cots, and some of our patients sleep out there until November, and they begin again in March to sleep out on the fire-escape; we have other patients sleeping in hammocks on the roof; in the very middle of summer they object to that on account of the strong sun and on account of the wind. The question always is the lack of money among our patients—they have nothing themselves; but we have been able to get some of these patients hammocks strung up and covered with an awning. They are too tired and too far away even from the parks, and rather than go out they just stay at home. They get discouraged, and it needs all the nurses' efforts and inspirations to keep them doing what they ought to do; then, of course, we have the trips for them in the summer, sending them to the parks. The hospital itself, in addition to furnishing the medicine, also furnishes the milk and eggs, after the nurse reports as to the home conditions of the family. Most of them are not able to provide this extra nourishment; the breadwinner of the family is generally the patient and the nourishment must be provided. As Dr. Miller, our chief, says: "What is the use of telling people they must have so and so when they cannot provide it for themselves?" One doctor tells us of a man who came to his clinic and said he had no appetite. Then he gave him medicine for his

appetite, and later on he came again and the doctor said, "How is your appetite?" The man said, "It is very good." The doctor wondered why the man was not gaining, and he explained that he had a good appetite but he had not anything to eat. So we have felt that if no one else provided the milk and eggs the hospital had to do it. The diet-kitchens furnish the milk and the hospital pays for it, and the eggs are given to them once a week when they come to the dispensary. They do not all get it, and we do not wish one to say that someone is getting something that the other one is not. We also try to have them sent to the sanatorium if possible. We have a fine sanatorium at Stonywald and some of our friends have paid for patients for us there for six months at a time. We had a tennis club which last summer had a balance of forty dollars in its treasury, and it gave it to us to use for sending our patients up there to Stonywald. We have now seven women and girls up there and all are doing well; all write to me regularly every week and one little girl sends me pictures. So, you see, the nurse has more to do besides merely inspection; practically, that is our work, because we have no real nursing to do, but, as Miss Thelin has said, the nurse doing that work has a great deal more to do than visiting the home; her work extends out into all the interests of the family, to comfort the patients and do all that she can to promote their health.

MISS WALD.—I think Miss Damer's very interesting account has been impressive in illustrating how much depends upon the thoroughness of the individual to whom the work is entrusted.

MISS KEATING.—I would like to ask if the nurses in New York who desire their tuberculosis patients to frequent the parks where children play require those patients to use the sputum-cups.

MISS DAMER.—Yes, we provided that cup for use in their homes; now we are using the Japanese paper napkin; the patients prefer those; we used the pouches first, but a great many objected to using those in public. As one patient says, a man may expectorate on the floor of a car, but if he draws out one of those pouches and uses it in his efforts to be cleanly, the people would draw away from him. This pouch fits into the pocket. But we are now using the paper napkin and they can use that as they would a handkerchief.

MISS CHESLEY.—I just wanted to say a few words about our work in Ottawa. We have established a society there for the prevention of tuberculosis very lately with no definite form of action. However, it is now doing what you have already done here, and that is it is employing an instructed visiting nurse. She is to be affiliated with the doctors and a Medical Board, also the Board of Health, and in conjunction with a society of which you already know, the Victorian Order of Nurses. Her headquarters are to be there and she is to use their telephone. She is appointed under a salary of seven hundred and fifty dollars for the first year; this we consider rather good, and everyone has come forward and made our movement comparatively easy.

MISS PHELAN, of Rochester.—The work in Rochester began last May, when the municipal authorities gave the Rochester Public Health Association the use of the Municipal Hospital for the treatment of incipient cases of tuberculosis. It is situated just outside the city and is well planned for the outdoor treatment of the disease. Here there have been treated on an average of fifteen cases, nearly all of whom have shown a marked improvement. The advanced cases are treated in their homes. One visiting nurse is employed. She oversees the cleaning and disinfecting of houses from which tuberculosis cases have moved

or in which they have died; provides sputum-cups, paper napkins, and milk and eggs when necessary. She instructs the patient how to care for himself and protect others by caring for his sputum. In several cases a shack has been erected or porch enclosed with canvas, and a bed and bedding furnished, thus providing a room for the patient away from his family and giving him the benefit of the outdoor treatment. Early in the spring the municipal administration gave an appropriation to help support the work at the Municipal Hospital. I think the work of the visiting nurse the most important in the prevention of this dreaded disease.

MRS. GRETTER.—Detroit has the reputation of being conservative, but if it does move slowly, it moves surely. We have in Detroit a very successful Visiting Nurses' Association about six years old, and included among the number of visits made last year—there were over seven thousand visits made—there were a great many tuberculosis patients. There has not yet been a regular inspector appointed for reporting cases, but the nurses take up the nursing of these cases in connection with their other patients, and it is due largely to the enthusiasm and the interest of these nurses themselves that the successful results have been attained. The same preventive measures are used there that are in use in other cities; patients are instructed how to make use of the appliances and in a general way a great deal of instruction is given. Last month Professor Knopf visited Detroit, and following his visit there was the organization of a society for the study and prevention of tuberculosis. One feature that was especially gratifying to us was that the nurses' profession is represented on the board of that society, and by the time we meet again we hope to have some very definite reports made along that line, but we want you at least to know that we are co-operating with other cities in the warfare against tuberculosis.

MISS McMILLAN.—Chicago has been working very hard this last year fighting against tuberculosis. The Visiting Nurses' Association of Chicago has done such beautiful work with the Anti-Tuberculosis Committee that all of Chicago is proud of that association, and, Madam Chairman, if I may, I would suggest that Miss Fulmer, who represents that association, should speak to us this afternoon.

MISS FULMER.—The Chicago Visiting Nurse Association three years ago appropriated two thousand dollars for the operations of a special sub-committee for the care of tuberculosis poor in their homes. The main work of the nurses is among the hopeless cases. Of five hundred people cared for in 1904 four hundred and eighty were bedridden. This condition exists because of the inadequate sanitaria and hospital services in Chicago for this especial disease. The care of the incipient cases is no doubt of more satisfaction to the nurse, but as teachers and investigators I am afraid we forget that we are sent to these poor unfortunates to give skilled nursing care which no other body of philanthropic workers can give. We ought not to lose sight of the fact that in our effort to better the condition in the homes of the tuberculous poor no scientific investigation can take the place of the real nursing service. The nursing profession at large should be very proud of the special work in this line that has been done by Miss Thelin and Miss Damer.

MISS WALD.—During the previous speakers' remarks it occurred to me to remark that to communities where there has been no crystallized expression of the concern for education on the prevention of tuberculosis, I am sure that the National Tuberculosis Committee, which has its headquarters in New York,

would be very glad to send literature, information, and give assistance to the nurses in any community where such an organization has not been effected. They will particularly honor any request that will come from the nurses. With one more speaker, Miss McKechnie, I think that perhaps the discussion on this particular paper must cease for this morning, that we may not take too much time from the next.

MISS McKECHNIE.—Will the chairman please stop me if I go beyond the limit of time?

You have heard of the work against tuberculosis carried on by the Board of Health in New York City, and I should like to say something especially about the nurses engaged in this work.

The city is divided into eight districts and a nurse is assigned to each. The work of the nurse inspector is inspecting entirely; we do not call ourselves nurses from a nursing point of view at all, as we do no actual nursing of the sick. To give you an idea of the work done and the information gathered, I have in my hand several cards which are filled by the nurse at the time a visit is made. It is not a certain limited number of cases that are reported and visited, but every dispensary, hospital, and charitable organization in the city is required to report to the Board of Health every case of tuberculosis coming under its observation. Private physicians are requested to report their private patients, and if requested a nurse will visit them also, otherwise the physician takes the responsibility of giving directions regarding care of sputa, etc.

The reporting of a case means that a diagnosis of tuberculosis has been made by a physician either in his private practice or in a dispensary or hospital. These reports then form the basis for the work of the visiting nurse or inspector. A blue card is given to her with the name and address, age, sex, and nationality, of the patient that she is to visit. When the patient is found this fact is stated on the card, and a pink card (observation card) is also made out at the time of the visit. If the patient is to be kept under observation, a nurse's observation card (white card) is filled in and kept by her, the other two (one pink and one blue card) being returned to the department. These three cards cover the first inspection.

The information recorded on the observation card is as follows: Name, street, number, floor, age, nationality, sex, married or single, occupation, date. Character of house—tenement, lodging-house, hotel, furnished room. Condition of house—whether in good or bad repair; number of families; owner or agent and his address, so that he may be notified if the sanitary conditions are not what they ought to be; number of rooms occupied by the family, which may be from one to five, five being the largest number occupied by one family in a tenement house; the total air space, roughly estimated; ventilation; light—the number of rooms having window opening into the outside air, how many are dark, with windows opening into a shaft, the hall, or into another room. Condition of the plumbing, whether in good or bad repair, open and modern, or closed in. This includes observations of the sink, washtubs, bathtubs, if any, and water-closet; the kind of closet and where situated; if in the yard, whether a school sink or yard hopper; if in the house, whether in the cellar, the hall, or the apartment. Another important question is whether any work or manufacturing is done in the rooms; also how long the patient has lived on the premises; number of persons in the family—adults, children, and boarders; and, lastly, the circumstances of the family, whether the patient has a separate bed, a separate room, and proper food.

Information as to the condition of the patient comes next, how long ill, amount of fever, expectoration and how disposed of, and present condition and stage of disease.

From this information and from his apparent condition the nurse advises the patient or makes recommendations to the department for his care; if not under treatment by a physician, he is referred to a dispensary. If hospital care seems advisable and the patient is willing to go, he is recommended for admission to a hospital.

If charitable aid is necessary, the patient is referred to one of the three charitable organizations of the city. If the patient is in bed and in need of nursing care, he is referred to the Nurses' Settlement or other district nursing association. If a sanitary inspection is necessary or disinfection required, a recommendation to this effect is made to the department.

If the patient is able to be about and going to a dispensary for treatment and no other nurse visiting him, the Board of Health nurse continues to visit him once or twice a month to advise and assist him in carrying out the directions of the physician in regard to fresh air, food, cleanliness, care of sputum, exercise, etc.

What I wish to call attention to most particularly is the need for preparation before undertaking such work as this—preparation along social and philanthropic lines. Miss Damer has spoken of experience as a necessary qualification—I would also add that no woman should go into it without having a real and sincere interest in people, especially in poor people, and in the conditions under which they live.

It seemed to me while in hospital work that much of the sickness that crowded the wards of hospitals could be prevented if only the home conditions could be made better, if people, and especially children, could have proper nourishment. I now feel that there is "health nursing" to be done as well as "sick nursing," that this work lies in the homes of the people and covers all that can be done to improve housing conditions—in the way of educating poor people up to a standard of cleanliness and the benefit and blessing of fresh air, in providing suitable and sufficient nourishment, and in every way possible striving to make healthier bodies capable of resisting disease, as well as in preventing the spread of disease by controlling the infectious material or person.

If the trend of civilization is, as it seems to be, towards the city and industrial pursuits, and away from the country and agricultural pursuits, then the problem of hygienic living in cities will increase, and along with it the need for "health nursing." Not a few nurses are already engaged as tenement inspectors, sanitary inspectors, school nurses, all of which have for their object the establishment of healthful conditions and the prevention and limitation of disease.

MISS WALD.—As you will see, the discussion of tuberculosis bears such a close and intimate relationship to the subject of the next paper,—that of the developments in the visiting nursing,—that we will give a little more time for this discussion, since we would like to hear from Miss Johnson, of Cleveland, and Miss Carr.

MISS JOHNSON.—In July, 1904, the Visiting Nurse Association felt the necessity of giving the tubercular poor special and detailed care. One nurse from the association was appointed for this work. The various free dispensaries of the city were visited and names and addresses of patients having tuberculosis

were asked. With one exception this request was met with interest and co-operation. Other sources, such as the public schools, free kindergartens, settlements, etc., were approached, all being able and glad to further the work.

During the first month fifty tubercular patients were visited and their homes also. The work has had a steady growth. In October a Tuberculosis Dispensary was opened in the Western Reserve University Medical College. With this the Visiting Nurse Association is in closest touch. The dispensary is opened daily from two to three, one nurse always in attendance. The work of the association is in complete coöperation with the City Tuberculosis Sanatorium, every case sent there being reported to the association, and the home of the patient is then visited by the tuberculosis nurse.

The Associated Charities in every case where there is need supplies the home patient with milk, eggs, often bedding and other material relief. Every dispensary and home patient visited by the nurse is reported to the Board of Health with a full statement of sanitary conditions. The work done by the Visiting Nurse Association has brought about the formation of an Anti-Tuberculosis League. This league combines the various activities of the city, such as the Associated Charities, free dispensaries, district physicians, public schools, libraries, day nurseries, free kindergartens, labor unions, factory inspectors, Home Gardening Association, Milk Fund, fresh-air camps, outing homes for children, and the Associated Press. There are now two nurses of the Visiting Nurse Association detailed for the tuberculosis work. A third is needed, which we hope will soon be supplied, as we have now under our care over two hundred patients.

MISS WOOD.—In St. Paul we have a very small sum; we have the use of the diet kitchen in the hospital, and the King's Daughters and some other small societies have this summer donated one dollar, and some twenty-five cents, and some five dollars per month, which makes up a little sum in order to get the necessary milk and eggs.

MISS WALD.—The United Hebrew Charities furnish the milk and eggs in New York City. Miss Damer described the relief given to the city patients. It is my experience that where it is possible to have the responsibility fixed upon the municipality one is not so dependent upon the way and means by which funds are furnished; if appropriations can be secured from the authorities of the city, there is an element of permanency about it.

MRS. VON WAGNER.—May I just suggest that in the smaller cities the nurse, especially the district nurse, ought to appeal to the public and make her wants known, so that from the charitably inclined individuals we can get relief? The public at large waits for the information, and when it is given and made known it is not so difficult.

MRS. ROBB.—Before leaving this subject I would like to offer a resolution, if it is in order, and that is:

"WHEREAS, The papers and reports given this morning are the first presented by the Associated Alumnae on the direct work of the nurse in the prevention of tuberculosis, that a synopsis of such papers be prepared and forwarded to the National Tuberculosis Committee in New York as a contribution from this association to be added to their other literature for distribution."

MISS WALD.—A resolution, I am sure, in which we all most heartily concur. Resolution seconded by Miss Nevins and carried.

MISS CARR.—I will only keep you a moment. We have heard from all

the large cities on the question of tuberculosis, and although Miss McKechnie's remark that the populace is leaning towards the cities is quite true, we are not entirely as yet an urban population, and tuberculosis is not confined to the large cities. I happen to know of one city in which you would imagine it hardly existed, and that is Newport, R. I., which is popularly supposed to be inhabited only by the very rich and the very well, but tuberculosis is sufficiently extensive there to warrant the establishment of an association for the prevention of tuberculosis with quite a good deal of work to do among the poorer members of the population. I only want to suggest that the delegates here present who come from the smaller towns, often villages, should constitute themselves a missionary force to bring this subject before any people whom they can interest in the smaller towns and the villages of this country; there are plenty of women's clubs; there are the Boards of Health; there are the municipal authorities, all of whom I think could be interested if people would sufficiently know their subjects to be able to impress it upon them. I beg to suggest that those members present who do not come from the large cities, but who have opportunities as trained nurses in knowing whereof they speak, to impress the importance of this subject upon the members of women's clubs or any other societies in the places to which they belong who can help towards this movement.

MISS WALD.—In concluding this subject I think that we owe a special debt to Miss Carr, for there is a moral in it. We in the cities who feel the burdens, I think, are very likely to cast some of them back upon the country; if the country is not prepared to receive the city's burdens, then it is really worse off than the city from which the burdens come. We will now listen to Miss Lucy Fisher's paper on the "Developments in Visiting Nursing," which will be read by Miss Thornton.

DEVELOPMENTS IN VISITING NURSING

By MISS LUCY FISHER

Visiting Nurse, United Charities, San Francisco

"At the impressionable age when the wonders of the universe begin to awaken into activity a child's imagination, I was told that no two leaves on a tree corresponded to each other exactly. That God had the power to make each leaf differ from every other leaf seemed too wonderful to be true. Visiting nursing the world over is essentially the same, but a careful observer sees that it has differentiations, sometimes as slight and again as diverse as the leaves of the trees that we have matched in our childhood. The individuality of the woman who adopts visiting nursing as her profession will naturally be stamped upon her work, and the locality in which she carries it on, with the especial needs of its characteristic population, will always be a very positive element that will make her work distinctive.

"San Francisco, like Rome, is built upon seven hills, and from their summits is seen the beautiful bay and its happy isles, with the surrounding hillsides, and the ocean with the intermediary Golden Gate.